

MINUTES OF THE DIABETES ADVISORY COUNCIL MEETING
TUESDAY, OCTOBER 6, 2009
RICE AUDITORIUM

Attendees:

Elliott Agudelo	Ann Antonelli	Linda Bailey
Monica Brooks	Jenny Burgess	Carla Chance
Melva Covington	Rosana DeJesus	Sandra Edmond
Tina Elliot	L'Erin Garner	William Gordon
Anne Graves	Katie Hillman	Carrie Jackson-Logsdon
Srujana Kunapareddy	Mike Lindbloom	Bart Marshall
Carolyn Muegge	Tanya Parrish	Jennifer Pferrer
Beverly Reed	Violet Reynolds	Linda Stemnock
Alan Tunstall	Karen Ten Cate	Donna Vandergraff
Nancy Yoder	Rick Zachary	Rizwana Biviji
Laura Heinrich	Pam McVey	Laura Mosier
Sarah Strawbridge		

The meeting was opened, introductions were made, and the minutes from the last meeting were approved.

Laura and Sarah gave a brief presentation and details of the adoption of the 2009 Resolution Supporting Smoke-Free Environments by the Diabetes Advisory Council. The final draft of this documentation was sent to Council Members after the July Meeting to vote on its adoption. The resolution that was adopted was distributed to members who were present. It was requested that it be put on the ISDH Diabetes webpage and presented to lawmakers and persons of influence in the community.

The meeting was then turned over to the first group of presenters, a team from Lilly. The presentation was about the Lilly's F.A.C.E (Fearless African Americans Connected and Empowered) project whose goal was to create a culturally appropriate program specifically targeting the African American population. Introduction to the purpose and to the speakers was made by Dionne Maffett, the epidemiology slides were presented by Dr. Melva Covington, and the in-depth coverage by Bertika Quintero. This program is now in the phase of small community presentations to various organizations and groups. For more information on the community programs, contact Dionne Maffett at MAFFETT_DIONNE@LILLY.COM

A second presentation, Partnership to Prevent, was given by Jenny Burgess and Anne Graves of the YMCA. This program is based on the Diabetes Prevention Program research. The IU School of Medicine was involved with the original research for this study and is involved in the translation of the research into a community based program. The YMCA has been partnered with the IU School of Medicine in implementing this program. The YMCA staff discussed their successes and challenges with the project. For more information about the project, contact Anne Graves at agraves@indymca.org

Sarah Strawbridge then gave a talk on the Survey Monkey Tool/Survey Assessment regarding the Diabetes Communication Plan. The link to the survey was sent to all Council Members seeking their input on the communication plan. This survey ends October 9, 2009. Sarah also discussed the

Community Health Clinic Survey which will help determine diabetes guideline usage within Indiana's community health clinics. This second survey also ends October 9th.

Next, Sarah discussed the Indiana Tobacco Quitline. Those who call into the Quitline are often referred to community organizations within their area for additional assistance. The contractor, who manages the Quitline, Free & Clear, is in the process of expanding the list of community organization to which patients are referred. The Indiana Tobacco Prevention and Cessation agency would like to include more diabetes related community resources in the referral list. Council Members are being asked to assist this effort by completing the resource referral form. A copy of the form was distributed at the meeting. A copy is attached to these minutes for additional members to complete.

Diabetes prevention will be focused on more in the future by the CDC Division of Diabetes Translation and thus by Indiana and others. Laura Heinrich mentioned the new stimulus funds coming to the states as additional funding for the Collaborative Agreement that the ISDH Diabetes Program is funded through. Indiana will be applying for these funds and the focus in on policies and systems changes that focus on nutrition, physical activity and reduction of obesity.

Committee Updates:

Data and Surveillance – This committee is seeking input from Council Members on the format and usability of the previous burden report. The DPCP is in the process of updating the report and would like input from the Council on the previous burden report. All comments on the previous report are welcome as the work continues on the new report.

Health Services and Education – The committee discussed looking into the new AADE online program targeted towards education of other healthcare workers. This program would enable the DPCP and Council to have the guidelines more fully implemented by all staff in clinics and in private practice. The program will be released in October 2009.

Communication Subcommittee: No updates at this time. Communication survey closes Friday October 9th.

Office of Women's Health Steering Committee: The Indiana Women's Diabetes Initiative (IWDI) continues to move forward our main focus for year 3 is to focus on Baselines, annual follow-ups and sustainability efforts. The baseline enrollment is nearly 400. Our final goal is 750. The Diabetes Navigators have been focusing on the Annual Follow-ups for year one and we have close to 50 annual follow-ups completed. IWDI team have also has been developing and planning sustainability efforts on the state and county levels.

Future meeting dates for the full Council have been scheduled for 2010. All meetings will be from 1-4 PM in Rice Auditorium at the Indiana State Department of Health.

January 13, 2010 Wednesday

April 14, 2010 Wednesday

July 13, 2010, Tuesday

October 14, 2010 Thursday

The meeting was adjourned at 4:00.



Community Resource Data Input FIELD Descriptions

Resources should be in an Excel spreadsheet with the input fields below used as the column headers. Tobacco treatment and Chronic Condition related resources should be on their own individual spreadsheets.

Any free form text should be very concise.

Resources should serve a broad spectrum of individuals.

*Resources are displayed by County. Include ALL counties the Resource serves in the field "Counties Served"****

Input Fields

Resource Type

Identify if this is a Tobacco resource or a Chronic Conditions resource

Resource Subtype –For Chronic Conditions related resources only

Identify the type of Chronic Condition resource (Asthma, Diabetes, CAD or COPD)

Resource Name

Input actual identifying name of program

Address1, City, County, State, Zip

Input primary address of Resource; site of meetings, etc.

Address2

Input secondary information; could be name of sponsoring facility such as a hospital, etc.

Contact1

Input name of primary contact for registration or for additional information; limit any titles

Contact2

Input name of secondary contact; if no secondary contact, can be email or web address or extension number

Phone1

Phone number of primary contact (*format must be numeric only, no dashes or periods*)

Phone2

Phone number of secondary contract (*format must be numeric only, no dashes or periods*)

TargetPopulation

Input one of the following: All *OR* Adult Only *OR* Youth Only

Description

Input concise description of program offered

OpsHours

"Hours of Operation" – at what time does the program occur or what are the facility hours

OpsCycle

"Cycles of Operation" – examples: On demand, Per Individual, As Needed, Quarterly, Monthly, etc.

Languages

Input ALL languages served – examples: English, Spanish, Mandarin, etc.

Cost

Input any cost associated with the Resource – examples: Free, Varies, Call for cost, Sliding Scale, \$50.00, etc

ProgramType

Input one of the following: G OR I OR P (G = group; I = individual; P = phone)

OtherInterventions

Input any additional offerings provided by the Resource, such as Self-Help materials, program brochures, internet materials, etc.

Counties Serviced**

Input ALL the counties the Resource serves

1. The first part of the report is a general introduction to the project.

2. The second part of the report is a detailed description of the methodology used.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is a list of appendices.

6. The sixth part of the report is a list of figures and tables.

7. The seventh part of the report is a list of abbreviations.

8. The eighth part of the report is a list of symbols.

9. The ninth part of the report is a list of footnotes.

10. The tenth part of the report is a list of references.

_____ State Tobacco Quit Line
Chronic Condition Program Referral Questionnaire

Survey Date (MM/DD/YY) ____/____/____

Your name: _____ Title: _____

Name of Organization: _____

Street Address: _____

City/State/Zip: _____

Counties Served:

What are your business hours? _____ Days: _____
Hours: _____

Business Phone: _____ FAX: _____

E-mail: _____ Web site: _____

Chronic Condition Program Name (e.g. Fresh Start): _____

Is this a new resource? _____

What Chronic Condition does your program support? _____

Or is this an update for a current resource? _____

If this is an update for a current resource, please complete ONLY the sections in the form that are being updated.

DESCRIPTION OF SERVICES

1. How frequently do you offer your program? *(Circle all that apply.)*
 - A. Weekly
 - B. On a regularly scheduled basis (e.g. every Thursday night)
 - C. Whenever a group can be formed
 - D. On demand
 - E. Other *(Specify: _____)*

2. Which of the following services does your program offer? *(Circle all that apply.)*
 - A. Individual face-to-face counseling
 - B. Group counseling
 - C. We initiate telephone calls for client counseling

- D. We respond to telephone calls for client counseling
- E. Self-help materials
- F. Acupuncture
- G. Hypnosis
- H. Other (Specify: _____)

3. What language(s) are services provided in? (Circle all that apply.)

- A. English
- B. Spanish
- C. Other (Specify: _____)

4. Which of the following self-help materials does your program offer? (Circle all that apply.)

- A. Brochures
- B. Books
- C. Audio tapes and or Video tapes
- D. Materials from the internet
- E. Other (Specify: _____)

DELIVERY OF PRODUCTS AND SERVICES

5. When are services provided? (Circle all that apply.)

- A. Mornings
- B. Afternoons
- C. Evenings
- D. Weekends

6. How do people register for your services? (Circle all that apply.)

- A. By phone
- B. In person
- C. By mail
- D. By referral from insurance provider
- E. By email
- F. Other (Specify: _____)

7. For each client, what is the average duration of an entire program? (Record duration in numbers of sessions per period of time, e.g., one session per week for six weeks.)

Number of sessions _____

Number of weeks _____

Other (*Specify:* _____)

8. Do you charge a fee for your program?

- A. No
- B. Yes

If Yes:

8a. How much do you charge for services? Total cost: _____

Thank you for your participation!

